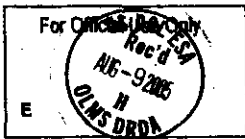


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4888</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Joseph</u> <u>A</u> <u>Lanthier</u> P.O. Box, Bldg., Room No., if any Street <u>453 San Mateo Avenue</u> City <u>San Bruno,</u> State <u>California</u> ZIP Code + 4 <u>94066</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Union Local 856</u> Labor Organization File Number P.O. Box, Building and Room Number, if any Street <u>453 San Mateo Avenue</u> City <u>San Bruno</u> State <u>California</u> ZIP Code + 4 <u>94066</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Teamsters Local 856 H &amp; W Fund</u> Trade Name, if any: <u>S.F. Administrators</u> P.O. Box, Bldg., Room No., if any Street <u>642 Harrison Street</u> City <u>San Francisco,</u> State <u>California</u> ZIP Code + 4 <u>94107</u>	7.a. Nature of Interest, Transaction, or Income. <u>Multi-Employer Welfare Trust Fund</u> <u>(See continuation page)</u> 7.b. Amount <u>\$150.00</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/3/05</u> Date	<u>(650) 635-0111</u> Telephone Number

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name of Employer from Pg. <u>1</u> :	7.a. Nature of Interest, Transaction or Income (con't from Pg. ____):  The person identified in item #3 is a Union Trustee on the Board of Trustees of the entity identified on Page 1 which is a jointly administered Health and Welfare Trust Fund under the Labor-Managers Relations Act of 1947. In performance of his duties as a Trustee on the Fund, he has met with representatives of the entity for the purpose of discussing Trust Fund matters. During the course of these meetings said representatives paid for food and beverages and incidental expenses. The amount entered is estimated value for a business calendar for meetings for 2004.